FILED May 12, 2002 8:00 am § Secretary of State **2002 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P99000089233 ACUPUNCTURE & NATURAL HEALING, INC. 05-12-2002 90568 042 ***150.00 Principal Place of Business Mailing Address 1501 NE 40TH COURT 1501 NE 40TH COURT OAKLAND PARK FL 33334 OAKLAND PARK FL 33334 2. Principal Place of Business 2576 S E 14 3. Mailing Address 2€ 2576 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0953393 ompano Om Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHURGIN, HEIDI B Street Address (P.O. Box Number is Not Acceptable) -: 1501-NE 40TH COURT **DAKLAND PARK FL 33334** City Zip Code 8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURÉ ature, typed or printed name of registered agent and title if a (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 -Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CRZE034 (9/01) CHURGIN, HEIDI B NAME NAME 1501 NE 40TH COURT STREET ADDRESS STREET ADDRESS OAKLAND PARK FL-33334 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME NAME STREET ADDRESS 2576 5 € STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3<u>06</u>⊋ TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02 954